

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43007

State File No. \_\_\_\_\_

10218

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>3</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Tarrant</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keller</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Bryan</b>		b. (Middle) <b>H</b>		c. (Last) <b>White</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 19 1931</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nil</b>		11. BIRTHPLACE (State or foreign country) <b>Keller, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Hugh White</b>		13b. MOTHER'S MAIDEN NAME <b>Lydia Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Nil</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Nil</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hugh White - Keller, Texas</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Asphyxiation by hanging when deceased was found hanging by the neck by a bedsheet from the door in his room at the M.C.R. at 1528 Locust St on June 29 1950 at about 445 pm</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO <b>Temporary mental disturbance</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>445 pm</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		18. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, school, store, office, etc.) <b>St. Louis</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>		21f. HOW DID INJURY OCCUR? <b>697HX</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7:20 29 50 7:20 p.m.</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>697HX</b>			
I hereby certify that I attended the deceased from <b>3</b> 19 <b>50</b> , to <b>445 p.m.</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>29</b> , 19 <b>50</b> , and that death occurred at <b>445 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick L. Taylor</b>		23b. ADDRESS <b>1300 Clark Avenue.</b>		23c. DATE SIGNED <b>11-30-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-30-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Keller Texas</b>		24d. LOCATION (City, town, or county) (State) <b>Keller Texas</b>	
DATE REC'D BY LOCAL REG. <b>NOV 30 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10218

NOV 6 1961

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.